

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/973395
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	I						51					
2	I						52					
3	I						53					
4	I						54					
5		I					55					
6		I					56					
7		I					57					
8		I					58					
9		I					59					
10		I					60					
11		I					61					
12		I					62					
13		I					63					
14		I					64					
15		I					65					
16		I					66					
17		I					67					
18		I					68					
19		I					69					
20		I					70					
21		I					71					
22		I					72					
23	I						73					
24	I						74					
25	I						75					
26		I					76					
27		I					77					
28		I					78					
29		I					79					
30		I					80					
31		I					81					
32		I					82					
33		I					83					
34		I					84					
35		I					85					
36		I					86					
37		I					87					
38		I					88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	5						TOTAL IND.					
TOTAL DEP.	33						TOTAL DEP.					
TOTAL CLAIMS	38						TOTAL CLAIMS					